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<th>Patient Medications Brought from Home or Other Non-VUMC Sources</th>
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<td>Categories:</td>
<td>Medication Administration</td>
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</table>
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| Review Responsibility: | Clinical Policy Committee                                  |              |
| Effective Date:     | March 2000                                                   |              |
| Last Revised Date:  | November 2010                                                |              |
| Team Members Performing: | All faculty and staff                                      |              |
|                     | All faculty and staff providing direct patient care or contact |              |
|                     | X MD                                                         |              |
|                     | X RN                                                         |              |
|                     | X LPN                                                        |              |
|                     | VUSN/VUSM students                                            |              |
|                     | X Other licensed staff (specify): Pharmacists                 |              |
|                     | X Other non-licensed staff (specify):                        |              |
|                     | X Not Applicable                                             |              |
| Guidelines Applicable to: | X VUH                                                         |              |
|                     | X VMG*                                                       |              |
|                     | X Children’s Hospital                                         |              |
|                     | X VPH                                                        |              |
|                     | X VUSM                                                       |              |
|                     | X VUSN                                                       |              |
|                     | X Other (specify):                                             |              |
|                     | X Exceptions (specify):                                       |              |
|                     | X Not Applicable                                             |              |
| *includes satellite sites unless otherwise specified. |
| Specific Education Requirements: | Yes X No Not Applicable                                      |              |
| Physician Order Requirements: | X Yes No Not Applicable                                      |              |
**Patient Medications Brought from Home or from Other Non-VUMC Sources**

I. **Outcome Goal:**

To promote patient safety and compliance with all applicable regulations and accreditation standards by controlling the use of medications from outside sources.

II. **Policy:**

All medications administered to patients at Vanderbilt University Medical Center (VUMC) are provided by the VUMC Pharmacy, unless the medication qualifies for an exception approved by the VUMC Pharmacy and Therapeutics Committee.

Patients of VUMC outpatient services may only self-administer certain medication from non-VUMC hospital or clinic sources, unless otherwise directed by the physician healthcare provider providing services to the patient.

Medications brought in by patients are for that patient’s use only and are not re-dispensed to other patients.

III. **Definition:**

**Medication** - includes prescription medications, sample medications, herbal remedies, vitamins, nutraceuticals, over-the-counter drugs, vaccines, diagnostic and contrast agents used on or administered to persons to diagnose, treat, or prevent disease or other abnormal conditions; radioactive medications; respiratory therapy treatments; parenteral nutrition; blood derivatives; intravenous solutions (plain, with electrolytes and/or drugs); and any product designated by the Food and Drug Administration (FDA) as a drug. The definition of medication does not include enteral nutrition solutions (which are considered food products), oxygen, and other medical gases.

IV. **Specific Information - Inpatients:**

A. **Upon Admission:** The admitting nurse or designee assesses whether the patient has medications with them.

1. The admitting nurse requests medications to be sent home with an adult member of the patient’s family or other responsible adult.

2. If sending the items home is not feasible, the medications will be treated as patient belongings. The admitting nurse or designee arranges for the
medication to be picked up from the patient and stored as patient belongings. Reference policy OP 10-50.07, Patient Belongings.

B. Limited exceptions when medications brought in from the outside are used during the inpatient stay:

1. There are limited exceptions approved by the Pharmacy and Therapeutics (P&T) Committee for when the patient’s own medication from non-hospital sources is allowed to be administered by nursing staff while the patient is in the hospital:

   a. Non-formulary medication with no therapeutic substitution on formulary as agreed upon by the prescriber and the pharmacist.
   b. Specific situations approved by the P&T Committee where the use of patient’s own medication is preferred. (e.g., programs requiring prescriber and patient enrollment such as Thalidomide [Thalomid]). See Web References.
   c. The medication is provided under protocol as part of the patient’s participation in an investigational study. The primary investigator must be contacted to provide any information necessary for the patient’s medical record.
   d. Extenuating circumstances may exist that require a home/outside source medication to be utilized. These circumstances are reviewed by the pharmacy manager or designee for approval.

2. A medication order must be entered into the Computerized Provider Order Entry (CPOE) system for each medication clearly stating that “Patient’s own medication may be used”. For non-formulary medications where the medication is not listed in the CPOE system, a medication order is entered using the “Pharmacy Miscellaneous” medication file.

3. The pharmacist processes the order in the pharmacy computer system such that the Medication Administration Record (MAR/eMAR) reflects that the patient’s own medications are being used. The pharmacist generates a “no charge” label to provide a bar code for the home medication, attaches this label to a baggie, and places the patient’s home medication into the baggie.
4. The pharmacist brings the label to the patient care unit as staffing allows and examines the medication for positive identification, for visual inspection of integrity, and proper labeling according to the physician order. Any medication whose contents or integrity cannot be verified (e.g. opened oral liquids, ophthalmic solutions) will not be used. The following criteria are utilized for verification:

   a. The medication must be contained in an original prescription container with labeling that identifies the name, strength, dose, route, and directions for use.
   b. Upon visual inspection, the product does not appear to be deteriorated, expired, or otherwise adulterated.
   c. The pharmacist will verify the product via online product identification system.
   d. Whenever the integrity cannot be verified, the product is excluded from use.
   e. Compounded products such as intravenous admixtures and total parenteral nutrition solutions (TPN) cannot be visually identified. Therefore, these products are excluded from use.
   f. In the event that a medication must be compounded by the VUMC staff for a patient involved in a special program where use of patients on medications is preferred, product must be shipped directly from the company to the VUMC Pharmacies (see Web References).

5. The pharmacist enters an order into the CPOE system using the mnemonic “Verify” which states, “Home meds verified by pharmacy”. The specific home meds which have been verified can then be listed in the comment field.

6. Once the medications which will be used are verified these products are stored in the “Patient Specific Drawer” of the Automated Dispensing Cabinet or other secured location. Medications may not be left unsecured in the patient’s room.

7. When Schedule II controlled substances are used from a patient’s own supply, a Controlled Drug Record (CDR) is issued for documentation of doses administered to the patient. These are stored in the Miscellaneous Narcotic drawer of the automated dispensing device.

8. If the medication cannot be identified, is adulterated, or otherwise unsuitable for use (e.g., expired, deteriorated, multiple medications mixed in one container), the pharmacist notifies the prescriber to discuss alternatives.
V. **Specific Information - Outpatients:**

A. Medications ordered by VUMC caregivers to be administered to outpatients during their clinic visit are procured or supplied by the VUMC Department of Pharmacy. Under no circumstances will medications provided by outside vendors directly to patients or clinics (for example, Specialty Pharmacies, insurance companies, outside compounding pharmacies, drug manufacturers, and drug wholesalers) be allowed to be administered at VUMC.

B. In the instance when a medication is only distributed through a single outside provider, the medication is sent directly from the provider to the VUMC Department of Pharmacy for redistribution within the Medical Center.

C. Patient self administration of their own medication:
   
   1. The patient’s provider may instruct the patient to continue to self-administer maintenance medication during an extended outpatient encounter at VUMC.

   2. The provider or nurse documents in the patient’s medical record that the patient self-administers the patient’s own medications.

   3. If the Provider or nurse observe anything unusual or of concern regarding the outpatient’s medication or self-administration of the medication, or believes it is otherwise indicated, then the Provider or nurse inspects the medication to evaluate integrity, labeling, and any other characteristics pertaining to the safety of the medication. The Provider or nurse seeks to take possession of any medication that appears unsafe. The pharmacy is contacted when needed for assistance.

D. VUMC Personnel administration of patient’s own medication:

   In the rare exception that Vanderbilt personnel are administering the patient’s own medication, document in the medical record that the patient’s own medication was administered. The following process is followed to verify the medication’s integrity prior to administration:
1. The medication is contained in an original prescription container with labeling that identifies the name, strength, dose, route, and directions for use.
2. Upon visual inspection, the product does not appear to be deteriorated, expired, or otherwise adulterated.
3. The pharmacy is contacted when needed for assistance with the verification process.
4. Whenever the integrity cannot be verified, the product is excluded from use.

E. VUMC personnel may only administer injectable medications that have been prepared or provided by the VUMC pharmacy.

VI. Upon Discharge:

A. Medications brought in by or for the patient are returned to the patient or their family members unless there is a safety concern. If there is a safety concern, the provider, pharmacist, and Legal and Risk Management departments may be contacted as needed to determine whether a patient’s medication can be returned to the patient.

B. All areas of potential storage need to be considered when retrieving medications (e.g., Patient Specific Drawer, Misc. Narcotic Drawer).

VII. Web References:

CL 30-19.10 Patient’s Personal Belongings – Children’s Hospital
CL 30-06.20 Medication Reconciliation
CL 30-18.07 Mechanical Ventilation

OP 10-50.07 Patient Belongings


AS201420-30.01 Medication Selection and Availability
SA 50-10.01 Electrical Equipment

1140-4-.12 Drugs Brought Into the Facility

Medication Management Standard: MM.03.01.05

VIII. Endorsement:

VUMC Pharmacy & Therapeutics Committee November 2009
Children’s Hospital Pharmacy & Therapeutics Committee December 2009
Children’s Policy and Practice Committee December 2009
Clinical Practice Committee January 2009
Susan Hernandez, RN, MSN July 2010
Interim Chief Nursing Officer, Children’s Hospital
Margaret Head, RN, MSN June 2010
Chief Operating Officer and Chief Nursing Officer, VMG
Pam Jones, RN, MSN July 2010
Chief Nursing Officer, VUH
Medical Center Medical Board October 2010

IX. Approval

Marilyn Dubree, RN, MSN 11/8/10
Executive Chief Nursing Officer, VUMC

C. Wright Pinson, MBA, MD 11/8/10
Deputy Vice Chancellor for Health Affairs
CEO of the Hospitals and Clinics for VUMC